

OFFICE USE ONLY					
File #					
Request#					
No Records					

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RICHARD HAAS ASSISTANT DIRECTOR

REQUEST TO REVIEW PUBLIC RECORDS FOR THE SITE ASSESSMENT AND MITIGATION (SAM) PROGRAM AND HAZARDOUS MATERIALS DIVISION (HMD)

Requestor Name:						
Phone:	FAX:					
Company Name:						
Mailing Address:	(You may attach a busi	ness card/overprint with busine	ess card if preferred.)			
A request is made to re the DEH website at <u>ww</u> completed form to Publi Public Records Program	w.sdcounty.ca.gov/d ic Records Program	<u>eh/</u> . Separate forms at (619-237-8447) or	are needed for each attach completed form	address. Fax your and e-mail to Attn:		
or Exact Address (Street, City and Zip Code) Optional information (Establishment Permit Number, business name, etc.)			Assessor's Parcel N	r's Parcel Number		
f you indicate the purpo know the program file yo	ou want to review, ple	ase check below:	all the records you w	ish to review. If you		
 □ Contaminated Property Investigation(s) (SAM Cases) □ Purchasing/Selling Property □ Hazardous Materials Permit and Underground Storage Tank Files 						
OFFICE USE ONLY BELOW THIS LINE						
Inactive File #	Iron Mtn #	#	#	#		
Files reviewed by:		of Date:		vate:		
Files copied for:	of		D)ate:		
Request cancelled by:			D)ate:		
Photocopies	Cost	Picked up/mailed on	n By			
DEH complies fully with the completed request will be proposed appointment will be schedul per page is charged to cover	rocessed in the order it is ed so that you may revie	received. After the files	you have requested are re	etrieved from storage, an		
	cords were found for the	he following apply: address/APN you reque ginal records have been p				
Signature		Title		Date		
FH-9098 (Rev. 4/05)						